



## Student Health Care Plan

### MEDICATION AUTHORIZATION FORM/ SELF ADMINISTRATION FORM

I, the parent / guardian of \_\_\_\_\_, whose birth date is \_\_\_\_\_, request the following medication be given to my child during school hours. I release school personnel from any liability involved with administering this medication according to the doctor's instructions below. I understand that this form is valid only with a licensed medical provider's signature. I authorize the school nurse and the medical provider to communicate as needed to ensure the safe administration of the medication. I UNDERSTAND THAT THIS AUTHORIZATION IS IN EFFECT FOR ONE YEAR AND A NEW FORM MUST BE SIGNED BY A MEDICAL PROVIDER EACH SCHOOL YEAR.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\*\*\*\*\* ONLY ONE MEDICATION PER SHEET \*\*\*\*\*

In accordance with the request of the parent above I request that the following medication be administered to \_\_\_\_\_ by school personnel during regular school hours:

Diagnosis: \_\_\_\_\_ Duration to be given: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Route: \_\_\_\_\_

Potential side effects of these medications the school staff needs to be aware of \_\_\_\_\_

Additional instructions to the school: \_\_\_\_\_

Only asthma inhalers, epinephrine and diabetic medications / supplies can be carried by a student at school.  
Self-Administration forms for these medications must be on file with the school.

- 1) Do you recommend that any of these medications be kept with the student at all times? If so, which:  
\_\_\_\_\_ Asthma inhaler \_\_\_\_\_ epinephrine \_\_\_\_\_ diabetic medications / supplies
- 2) Student has been trained to self-administer medication and are they capable of doing this safely:  
YES NO (circle one)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date

Staff members assigned to administer the above medications:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_